Revision: HCFA-PM-91- 4 (BPD) Supplement 1 to ATTACHMENT 4.19-B AUGUST1991 Page 1 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: North Dakota METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment: 1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP". For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below). 2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR." 3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR". 4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ____ of this attachment (see 3. above).

TN No. 93-11
Supersedes Approval Date 8/4/93 Effective Date 4/1/93
TN No. NED HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD) Supplement 1 to ATTACHMENT 4.19-B AUGUST 1991 Page 2 OMB No.: 0938-STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State/Territory: North Dakota METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -OTHER TYPES OF CARE Payment of Medicare Part A and Part B Deductible/Coinsurance Part A MR Deductibles MR Coinsurance QMBs: Part B MR Deductibles MR Coinsurance Part A MR Deductibles MR Coinsurance Other Medicaid Recipients Part B MR Deductibles MR Coinsurance

Part A MR Deductibles MR Coinsurance

(QMB Plus) Part B MR Deductibles MR Coinsurance

Dual Eligible

TN No. <u>93-//</u> Supersedes 93 Approval Date Effective Date TN No. NEW

HCFA ID: 7982E

Revision:	HCFA-PM-91-4 AUGUST 1991	(BPD)	Supplement 1 to ATTACHMENT 4.19-B Page 3 OMB No.: 0938-
	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT		
	State/Territory:	North Dak	ota
	METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE		
1	Payment of Medica	re Part A and	Part B Deductible/Coinsurance
		· · · · · · · · · · · · · · · · · · ·	
rsing Facil	ity Services The	Medicaid and	ency shall limit payment for
dicare Part the lesser e state pla	t A services provi r of the rate esta an at Attachment 4	ded in a dual ablished for r 1.19-D or the	lly participating nursing facility nursing facility services under Medicare co-insurance amount per re for the 21st through 100th day.

HCFA ID: 7982E

TN No. 96.002Supersedes TN No. 93-11